Flathead County Weed Control District - 309 FFA Drive, Kalispell MT 59901 406.758.5798 FAX 406.758.5888 email: weedscompliance@flathead.mt.gov

Weed Management Plan

LANDO	WNER'S NAME (PLEASE PRINT)			
PHONE/CELL			EMAIL	
ADDRES	SS WEEDS			
	-			
ADDRES	SS MAIL			
1.	Water sources nearby – lake, p	oond, river, creek, high we	ili:	
2.	Sensitive vegetation nearby –	Sensitive vegetation nearby – gardens, alfalfa, mint, orchard:		
3.	Methods of weed control/management to be used (check all that apply):			
		Herbicides	Grazing-Sheep/Goats	
		Hand Pull	Biocontrol Insects/Fungi	
	List of herbicides to be used: BE SURE TO FOLLOW LABEL DIRECTIONS. If you are hiring a weed control service submit a copy of the invoice to this office . List the name, phone number and promised date			
	of completion:			
	Weed Control Service Name:			
	Phone Number:		Date of Service:	
4.	Additional comments:			
applicatinfestatin the p A lando written	tion is recommended late May to tion two to three applications are clants flowering closer to the gro towner is in compliance with Mor	to early June and in the fal re typically needed. If plan bund and does not constitu ntana Noxious Weed Cont	overs a three-year period and must be resubmitted thereafter. Herbicide II after the first hard frost. Depending upon the weed type and severity of ints have flowered cutting is recommended. Continuous mowing will result ute compliance. Trol Codes if the landowner submits and the District Weed Board accepts a ol measures, and the landowner remains in compliance if the terms of the	
I HEREE	BY AGREE TO COMPLY WITH THI	S PLAN AS STATED.		
LANDOWNER'S SIGNATURE:			DATE:	
Return (completed form to: FCWD – 309	FFA Drive, Kalispell MT 59	9901, email: weedscompliance@flathead.mt.gov	
Flathea	d County Weed Board comment	ts or amendments to the s	submitted plan:	
Acknow	vledgment of Receipt of Weed N	Aanagement Proposal		
	re of Board Representative:	•	DATE:	
Agreed: Landowner's Signature:			DATE:	